

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | JB       |        | R-03-01  |
| O.I.P.E. CLASSIFIER       |          | 48     | 12/14/01 |
| FORMALITY REVIEW          | AM       | 917    | 01-30-02 |
| RESPONSE FORMALITY REVIEW | CK       | 1109   | 4-02-02  |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

CC 1114  
1-30-02

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 02-26-02 |
| 2     | ✓     | ✓        |          |
| 3     | ✓     | ✓        |          |
| 4     | ✓     | ✓        |          |
| 5     | ✓     | ✓        |          |
| 6     | ✓     | ✓        |          |
| 7     | ✓     | ✓        |          |
| 8     | ✓     | ✓        |          |
| 9     | ✓     | ✓        |          |
| 10    | ✓     | ✓        |          |
| 11    | ✓     | ✓        |          |
| 12    | ✓     | ✓        |          |
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| 14    | ✓     | ✓        |          |
| 15    | ✓     | ✓        |          |
| 16    | ✓     | ✓        |          |
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| 18    | ✓     | ✓        |          |
| 19    | ✓     | ✓        |          |
| 20    | ✓     | ✓        |          |
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| 49    | ✓     | ✓        |          |
| 50    | ✓     | ✓        |          |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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